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CONFIRMATION NO. 4369

SERIAL NUMBER 10/736,180	FILING DATE 12/15/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 2081 CON 2 CIP CON
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APPLICANTS

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** CONTINUING DATA ***** *yes - RDS*

This application is a CON of 10/113,745 04/01/2002 PAT 6,726,686
 which is a CIP of 10/090,081 03/01/2002 PAT 6,743,229
 which is a CON of 09/502,933 02/11/2000 PAT 6,352,536
 which is a CON of 08/968,779 11/12/1997 PAT 6,187,003

** FOREIGN APPLICATIONS ***** *none - RDS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 5
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Verified and
Acknowledged

Examiner's Signature *Ray W. Gibson* Initials

ADDRESS
 50855
 UNITED STATES SURGICAL,
 A DIVISION OF TYCO HEALTHCARE GROUP LLP
 150 GLOVER AVENUE
 NORWALK, CT
 06856

TITLE
 Bipolar electrosurgical instrument for sealing vessels

☐ All Fees

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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